

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

TEXAS ASSOCIATION FOR HOME CARE & HOSPICE, INC. TEXAS HOME CARE & HOSPICE PAC- FEDERAL

ADDRESS (number and street) ▼

3737 EXECUTIVE CENTER DR STE 268

☐ Check if different than previously reported. (ACC)

AUSTIN

TX

78731

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00393728

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

**4. TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)  
☐ July 15 Quarterly Report (Q2)  
☐ October 15 Quarterly Report (Q3)  
☐ January 31 Year-End Report (YE)  
☐ July 31 Mid-Year Report (Non-election Year Only) (MY)  
☐ Termination Report (TER)

- (b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☒ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)  
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)  
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

- (c) 12-Day ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)  
**PRE-Election** Report for the: ☐ Convention (12C) ☐ Special (12S)

Election on  /  /  in the State of

- (d) 30-Day ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)  
**POST-Election** Report for the:

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Rachel Hammon

Signature of Treasurer Ms. Rachel Hammon [Electronically Filed] Date

/  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

TEXAS ASSOCIATION FOR HOME CARE &amp; HOSPICE, INC. TEXAS HOME CARE &amp; HOSPICE PAC- FEDERAL

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
07 / 01 / 2014 To: M M / D D / Y Y Y Y Y Y  
07 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2014</span>		<span style="border: 1px solid black; padding: 2px;">55982.81</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">55016.90</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">2519.35</span>	<span style="border: 1px solid black; padding: 2px;">22703.97</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">57536.25</span>	<span style="border: 1px solid black; padding: 2px;">78686.78</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">3092.11</span>	<span style="border: 1px solid black; padding: 2px;">24242.64</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">54444.14</span>	<span style="border: 1px solid black; padding: 2px;">54444.14</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

TEXAS ASSOCIATION FOR HOME CARE &amp; HOSPICE, INC. TEXAS HOME CARE &amp; HOSPICE PAC- FEDERAL

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	4

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

2130.85

19130.50

(ii) Unitemized .....

368.50

3493.47

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

2499.35

22623.97

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

2499.35

22623.97

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

20.00

80.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

2519.35

22703.97

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

2519.35

22703.97

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	92.11	742.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	92.11	742.64
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	23500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3092.11	24242.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3092.11	24242.64

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	2499.35	22623.97
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2499.35	22623.97
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	92.11	742.64
37. Offsets to Operating Expenditures (from Line 15, page 3).....	20.00	80.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	72.11	662.64

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS ASSOCIATION FOR HOME CARE &amp; HOSPICE, INC. TEXAS HOME CARE &amp; HOSPICE PAC- FEDERAL

Full Name (Last, First, Middle Initial)

**A. Ms. Dawn Bloomer**

Mailing Address 4603 Mimosa Drive

City State Zip Code  
 Bellaire TX 77401

FEC ID number of contributing federal political committee.

C

Name of Employer

PSA Healthcare

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.50

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 14 2014

Transaction ID : SA11AI.8004

Amount of Each Receipt this Period

50.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Mr. Ken Cargle**

Mailing Address 4001 Oakhurst

City State Zip Code  
 Amarillo TX 79109

FEC ID number of contributing federal political committee.

C

Name of Employer

Goodcare Health Services

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

441.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 14 2014

Transaction ID : SA11AI.8003

Amount of Each Receipt this Period

63.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Mr. Darryl Gabehart**

Mailing Address 2025 Wildwood

City State Zip Code  
 Grand Prairie TX 75050

FEC ID number of contributing federal political committee.

C

Name of Employer

First Steps Ped. Therapy Servc

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.75

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 14 2014

Transaction ID : SA11AI.8008

Amount of Each Receipt this Period

83.25

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

196.25

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS ASSOCIATION FOR HOME CARE & HOSPICE, INC. TEXAS HOME CARE & HOSPICE PAC- FEDERAL

Full Name (Last, First, Middle Initial)

## **A. Ms. Pamela Goble**

Mailing Address 3522 Monterrey Oak

City

San Antonio

State

TX

Zip Code

78230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ability Homecare Inc.

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2919.00

Date of Receipt

07 / 14 / 2014

Transaction ID : SA11AI.7997

Amount of Each Receipt this Period

417.00

Contribution

Full Name (Last, First, Middle Initial)

## **B. Ms. Rachel Hammon**

Mailing Address 3737 Executive Center Drive

City

Austin

State

TX

Zip Code

78731

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Texas Assn Homecare & Hospice

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

07 / 21 / 2014

Transaction ID : SA11AI.8015

Amount of Each Receipt this Period

94.50

(\$31.50 biweekly) payroll deduction

Full Name (Last, First, Middle Initial)

## **C. Mrs. Dana Madison**

Mailing Address 3510 156th St.

City

Lubbock

State

TX

Zip Code

79423

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Calvert Home Health Care

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1484.00

Date of Receipt

07 / 14 / 2014

Transaction ID : SA11AI.7994

Amount of Each Receipt this Period

203.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

714.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 12  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS ASSOCIATION FOR HOME CARE & HOSPICE, INC. TEXAS HOME CARE & HOSPICE PAC- FEDERAL

Full Name (Last, First, Middle Initial)

**A. Mr. Ronnie Madison**

Mailing Address 3510 156th Street

City State Zip Code  
Lubbock TX 79423

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Calvart Home Health Care

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1484.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 14 / 2014

Transaction ID : SA11AI.7995

Amount of Each Receipt this Period

203.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Mr. John Pena**

Mailing Address 3318 N. 21st Street

City State Zip Code  
McAllen TX 78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Healthy Horizons Homecare LLC

Occupation

Administrator/CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 14 / 2014

Transaction ID : SA11AI.8011

Amount of Each Receipt this Period

30.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Ms. Liz Pharris**

Mailing Address 45 Lytle Place

City State Zip Code  
Abilene TX 79602

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kinder Hearts Home Health PLLC

Occupation

Pres. CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 14 / 2014

Transaction ID : SA11AI.8010

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

483.00



**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 12

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

TEXAS ASSOCIATION FOR HOME CARE &amp; HOSPICE, INC. TEXAS HOME CARE &amp; HOSPICE PAC- FEDERAL

Full Name (Last, First, Middle Initial)

**A. Ms. Rose Rash**

Mailing Address 5300 SECR 1086

City

Corsicana

State

TX

Zip Code

75151

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Angels At Home, Inc.

Occupation

Home Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

714.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	21	/	2014

Transaction ID : SA11AI.8017

Amount of Each Receipt this Period

238.10

(\$119.50 biweekly) payroll deduction

Full Name (Last, First, Middle Initial)

**B. Ms. Lisa Selman-Holman**

Mailing Address 1525 Bayberry Street

City

Denton

State

TX

Zip Code

76205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Selman-Holman &amp; Associates LLC

Occupation

Attorney/Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	14	/	2014

Transaction ID : SA11AI.7999

Amount of Each Receipt this Period

100.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Ms. Mary Helen Tieken**

Mailing Address 1815 10th

City

Floresville

State

TX

Zip Code

78114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nurses In Touch, Inc.

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

624.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	14	/	2014

Transaction ID : SA11AI.8000

Amount of Each Receipt this Period

104.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

442.10

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS ASSOCIATION FOR HOME CARE & HOSPICE, INC. TEXAS HOME CARE & HOSPICE PAC- FEDERAL

Full Name (Last, First, Middle Initial)

**A. Ms. Grace Werckle**

Mailing Address 20707 Wind Springs

City

San Antonio

State

TX

Zip Code

78258

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vita Navis Group

Occupation

RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 14 / 2014

Transaction ID : SA11AI.7992

Amount of Each Receipt this Period

45.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Mr. Dan Willson**

Mailing Address P.O. Box 130010

City

Tyler

State

TX

Zip Code

75713

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Paradigm Rehab & Nursing, LP

Occupation

Administrator, Pres. CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 14 / 2014

Transaction ID : SA11AI.7996

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

295.00

2130.85

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 12

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

TEXAS ASSOCIATION FOR HOME CARE &amp; HOSPICE, INC. TEXAS HOME CARE &amp; HOSPICE PAC- FEDERAL

Full Name (Last, First, Middle Initial)

**A. Merchant Bankcard Services**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2014

Mailing Address P.O. Box 1715

City	State	Zip Code
Martinez	CA	94553

**Transaction ID : SB21B.8019**Purpose of Disbursement  
Credit Card Processing Fee

001

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

72.11

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/  
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/  
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

72.11
72.11

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

TEXAS ASSOCIATION FOR HOME CARE &amp; HOSPICE, INC. TEXAS HOME CARE &amp; HOSPICE PAC- FEDERAL

Full Name (Last, First, Middle Initial)

**A. JEB HON. HENSARLING**

Mailing Address PO Box 820504

City	State	Zip Code
Dallas	TX	75382

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**JEB HON. HENSARLING**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		22		2014

**Transaction ID : SB23.7991**

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**B. MAC THORNBERRY FOR CONGRESS COMMITTEE**

Mailing Address P.O. Box 9392

City	State	Zip Code
Amarillo	TX	79105

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**MAC THORNBERRY FOR CONGRESS COMMITTEE**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		17		2014

**Transaction ID : SB23.7988**

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**C. WEBER FOR CONGRESS**

Mailing Address PO BOX 1327

City	State	Zip Code
FRIENDSWOOD	TX	77549

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**WEBER FOR CONGRESS**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		16		2014

**Transaction ID : SB23.7989**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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3000.00
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